

Atty. Dkt. No. 041673/2045

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Tuszynski, et al.

Title:

MUTANT PRO-NEUROTROPHIN

WITH IMPROVED ACTIVITY

Appl. No.:

Unknown

Filing Date: February 16, 2001

Examiner:

Unknown

Art Unit:

Unknown

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Washington, D.C. 20231.

EL452690655US February 16, 2001

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Germaine Sarda

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UTILITY PATENT APPLICATION TRANSMITTAL

Commissioner for Patents **Box PATENT APPLICATION** Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Mark Tuszynski

Armin Blesch

Applicant claims small entity status under 37 CFR 1.27

Enclosed are:

- [X] Specification, Claim(s), and Abstract (18 pages).
- Request for application not to be published with certification under 35 USC [] 122(b)(2)(B)(i).
- [X] Application Data Sheet (37 CFR 1.76) (2 pages).



The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee						-	\$710.00		\$710.00
Total Claims:	25	-	20	=	5	x	\$18.00	= '	\$90.00
Independents:	8	-	3	=	5	×	\$80.00	=	\$400.00
If any Multiple Dependent Claim(s) present: + \$270.00								= '	\$270.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed + \$130.00								=	\$130.00
							SUBTOTAL:	= '	\$1600.00
I Small Entity Fees Apply (subtract ½ of above)							of above):	= .	\$800.00
TOTAL FILING FEE:								= '	\$800.00

- [X] A check in the amount of \$800.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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2-16-01

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